



**Lincoln County Building**  
 Dept.  
 210 SW 2nd St  
 Newport, OR 97365  
 (541) 265-4192  
 (541)265-6945 Fax

Office Use Only
Permit #:

**DEMOLITION PERMIT APPLICATION**

Applications may be obtained online at:  
<https://www.co.lincoln.or.us/337/Building-Applications>

**1. Job Information (where work is taking place)**

Job Site Address: \_\_\_\_\_  
 Existing Use: \_\_\_\_\_ Approx. Date of Demolition: \_\_\_\_\_  
 Number of Structures \_\_\_\_\_ Square Footage \_\_\_\_\_

**2. Contact Person (receives permit correspondence)**

Name of Person: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Property Owner:**

Owner Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Contractor Information (person/co performing the work)**

Name of Contractor: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 OR CCB # (Req'd): \_\_\_\_\_  
 City Business License # (Req'd): \_\_\_\_\_

DEMOLITION CHECKLIST
<b>Asbestos Survey</b>
<input type="radio"/> Survey performed unless exempt (see below)
<b>Water Supply</b>
<input type="radio"/> Meter to be removed
<input type="radio"/> Meter to remain and be protected
<input type="radio"/> Private well to be filled and capped
<input type="radio"/> Private well to be used for other purpose
<b>Sewer</b>
<input type="radio"/> Sewer to be capped
<input type="radio"/> Existing line to remain and be used
<b>Septic System</b>
<input type="radio"/> Tank to be removed
<input type="radio"/> Tank to be drained and filled
<b>Electrical Supply</b>
<input type="radio"/> Electricity to be shut-off and meter removed
<b>Gas</b>
<input type="radio"/> Gas to be shut-off and meter removed
<b>Safety Fencing</b>
<input type="radio"/> Perimeter fencing installed where adjacent to right-of-way or work is likely to take more than 48 hours to complete
<b>Existing Foundation</b>
<input type="radio"/> Foundations destroyed and removed
<input type="radio"/> Site regraded and seeded

Qty: _____	TOTAL: _____
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**Additional Comments or Information:**

\_\_\_\_\_

**Asbestos Removal:** The Department of Environmental Quality (DEQ) requires an Asbestos Survey before a structure is demolished or intentionally burned. Residential buildings with four or fewer units that were constructed after January 1, 2004 are exempt from this requirement. Only an accredited inspector may perform an asbestos survey. Additional information is available on DEQ's asbestos information page: <http://www.deq.state.or.us/aq/asbestos/business.htm>. You may also contact their Salem office at (503) 378-5086.

**Wells:** The Oregon Water Resources Department should be contacted if you plan to abandon an existing well. They can be reached at (503) 986-0851.

**Sewer and Septic Systems:** A plumbing permit is required when capping off a sewer line on private property. If the waste disposal system is a septic system, then the Lincoln County Sanitarian should be contacted at 541-265-4192.

**Gas and Electricity Shutoff:** To disconnect gas service contact NW Natural at 800-422-4012. Contact your local Electrical Company.

*I hereby certify that I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.*

By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.

I agree \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

